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CONFIRMATION NO. 2599

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| <b>SERIAL NUMBER</b><br>10/735,014 | <b>FILING OR 371(c) DATE</b><br>12/12/2003<br><b>RULE</b> | <b>CLASS</b><br>536 | <b>GROUP ART UNIT</b><br>1646 | <b>ATTORNEY DOCKET NO.</b><br>10466/486 |
|------------------------------------|---|---------------------|-------------------------------|---|

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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a CON of 09/944,852 08/31/2001 ABN  
 which is a CON of 09/866,028 05/25/2001 PAT 6,642,360  
 which is a CON of PCT/US99/28301 12/01/1999  
 which is a CIP of 09/254,311 03/03/1999 ABN  
 which is a 371 of PCT/US98/25108 12/01/1998  
 which claims benefit of 60/075,945 02/25/1998

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**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

|   |   |                               |                             |                          |                                |
|---|---|-------------------------------|-----------------------------|--------------------------|--------------------------------|
| Foreign Priority claimed<br>35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance | <b>STATE OR COUNTRY</b><br>CA | <b>SHEETS DRAWING</b><br>34 | <b>TOTAL CLAIMS</b><br>5 | <b>INDEPENDENT CLAIMS</b><br>1 |
| Verified and Acknowledged                                   | Examiner's Signature _____ Initials _____   |                               |                             |                          |                                |

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**TITLE**

ANTIBODIES TO PRO361 POLYPEPTIDE

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|-----------------------------------|---|--|
| <b>FILING FEE RECEIVED</b><br>770 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____ |
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